

**Well Child Screen Recommendations**

Child's Name \_\_\_\_\_ Child's SSN \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's SSN \_\_\_\_\_

| Well Child Screen component |  | Age requirements                            | Date completed |
|-----------------------------|--|---|----------------|
| <b>A.</b>                   | <b>Initial/Interval History</b>  |   |                |
|                             | Developmental history  | all ages                                    |                |
|                             | Nutritional history  | all ages                                    |                |
|                             | Complete dental history  | all ages                                    |                |
| <b>B.</b>                   | <b>Assessments</b>   |   |                |
|                             | <b>Appropriate developmental screen</b>  |   |                |
|                             | motor  | all ages                                    |                |
|                             | social   | all ages                                    |                |
|                             | cognitive  | all ages                                    |                |
|                             | speech   | all ages                                    |                |
|                             | <b>Nutritional Screen</b>  | all ages                                    |                |
|                             | <b>Age Appropriate Risk Assessment Screen</b>  |   |                |
|                             | Emotional  | all ages                                    |                |
|                             | Risky behaviors  | all ages                                    |                |
|                             | Blood Lead   | all ages                                    |                |
|                             | TB   | all ages                                    |                |
| <b>C.</b>                   | <b>Unclothed Physical Inspection</b>   |   |                |
|                             | Height/weight  | all ages                                    |                |
|                             | Head circumference   | newborn through 2 years old                 |                |
|                             | Standard body systems  | all ages                                    |                |
|                             | Check for signs of abuse   | all ages                                    |                |
|                             | Blood pressure   | 3 years on                                  |                |
| <b>D.</b>                   | <b>Vision Screen</b>   |   |                |
|                             | External inspection for gross abnormalities or obvious strabismus  | all ages                                    |                |
|                             | Gross visual acuity with fixation test   | birth to 2 years                            |                |
|                             | Light sensation with papillary light reflex test   | birth to 2 years                            |                |
|                             | Observation and report of parent   | birth to 2 years                            |                |
|                             | Examination of red reflex  | all ages                                    |                |
|                             | Alternate cover test   | 2 years to 5 years                          |                |
|                             | Corneal light reflex   | 2 years to 5 years                          |                |
|                             | Visual acuity using the Illiterate Snellen E chart (or similar)  | 4 years and over                            |                |
|                             | Color discrimination on all boys (once)  | 5 years and over                            |                |
| <b>E.</b>                   | <b>Hearing Screen</b>  |   |                |
|                             | History, physical and developmental assessment   | all ages                                    |                |
|                             | Middle ear exam by otoscopy  | all ages                                    |                |
|                             | Administration of high risk criteria   | 6 months OR 2 years                         |                |
|                             | Assess hearing capability  | 6 months OR 2 years                         |                |
|                             | Administration of puretone audiometry  | 5 years and over                            |                |
| <b>F.</b>                   | <b>Laboratory Tests (use medical judgment and risk assessment to determine need EXCEPT for blood lead)</b> |   |                |
|                             | Hematocrit or hemoglobin   | 9-15 months if indicated by risk assessment |                |
|                             | Urinalysis   | if indicated by risk assessment             |                |
|                             | Tuberculin   | if indicated by risk assessment             |                |

|           |  |  |  |
|-----------|--|--|--|
|           | Cholesterol  | if indicated by risk assessment and age appropriate (8 - 14)                     |  |
|           | Hereditary/metabolic screening (e.g., thyroid, hemoglobinopathies, PKU, galactosemia)  | newborn  |  |
|           | Blood lead   | 12 and 24 months and other ages if at risk                                       |  |
|           | STD screening  | sexually active adolescents  |  |
|           | Pap smear  | sexually active adolescents  |  |
|           | Other tests as needed  |  |  |
| <b>G.</b> | <b>Immunizations (the immunization schedule approved by the Advisory Committee on Immunization Practices (ACIP); if the committee has released an updated schedule, that schedule supercedes this one)</b> |  |  |
|           | Hepatitis B (Hep B)  | 1 at birth, 2nd by 4 months, 3rd between 6-18 months, and "catch up" at any time |  |
|           | Diphtheria, tetanus, pertussis (DTaP)  | 2 mos, 4 mos, 6 mos, 15-18 mos, 4-6 years  |  |
|           | H. influenza type b (Hib)  | 2 mos, 4 mos, 6 mos, 12-15 mos   |  |
|           | Inactivated polio (IPV)  | 2 mos, 4 mos, 6-18 mos, 4-6 years  |  |
|           | Pneumococcal conjugate (PCV)   | 2 mos, 4 mos, 6 mos, 12-15 mos   |  |
|           | Measles, mumps, rubella (MMR)  | 12-15 mos, 4-6 years, "catch up" any time  |  |
|           | Varicella (Var) (if given after 12 years, 2 doses separated by 1 month should be given)  | 12-18 mos, "catch up" any time   |  |
|           | Tetanus (Td)   | 11-12 years, then every 10 years   |  |
| <b>H.</b> | <b>Dental Screen (to be done by medical health provider)</b>   |  |  |
|           | Counseling on oral hygiene   | all ages   |  |
|           | Counseling for non-nutritive habits (thumb-sucking, etc.)  | through age 6 years  |  |
|           | Initial/interval dental history  | all ages   |  |
|           | Oral inspection of mouth, teeth, gums  | all ages   |  |
| <b>I.</b> | <b>Discussion and Counseling/Anticipatory Guidance</b>   |  |  |
|           | Address needs and topics appropriate for age level per risk assessment   | all ages   |  |